

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 20 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42263

(6)

1. Corporation Name

EUROPEAN BEAUTY CARE, INC.

Principal Place of Business

1897 NE 146 ST
N MIAMI FL 33181
US

Mailing Address

G/O HUGHES & SILVERS
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

01/31/1994

4. FEI Number

65-0335631

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 ~~1141 KANE CONCOURSE~~
27 ~~1140 KANE CONCOURSE - 5th FLR~~

22 City & State

27 ~~1140 KANE CONCOURSE - 5th FLR~~
28 ~~BAY HARBOR ISLANDS, FL~~

23 Zip

25 Country

28 ~~BAY HARBOR ISLANDS, FL~~
29 ~~33154~~

24

25

29

30 Country

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
1141 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
80 HUGHES SILVERS + GLASSMAN

83 1140 KANE CONCOURSE - 5th FLR

84 City
BAY HARBOR ISLANDS, FL

85 Zip Code
33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent and the corporation

Signature of registered agent and the corporation

(All)

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

SACCHI, ENRICO

STREET ADDRESS

1141 KANE CONCOURSE

CITY, ST, ZIP

BAY HARBOR ISLANDS FL

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

90 HUGHES SILVERS + GLASSMAN

1140 KANE CONCOURSE - 5th FLR

BAY HARBOR ISLANDS FL 33154

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or each attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPE OF PRINTED NAME OF DIVISION OFFICER OR DIRECTOR

ENRICO SACCHI

2-9-98 305/947-8899